

Did you know...



What are my payment options?

Payment is encouraged, but not required, when you pick up your medications at your VA health care facility. If you are unable to pay at that time, an account will be established for you and you will be billed monthly. To avoid interest and administrative charges, payments must be made before your next monthly billing statement. We encourage you to pay by check or money order. You should not send money through the mail. The national payment address is printed on the monthly billing statement.

Please do not send in requests for prescription refills with your payment. If you do, your prescription refill will be delayed.

Prescriptions dispensed after hours, on weekends and holidays, or in emergency situations are billed to your account.

What does VA do with the money it collects from medication copayments?

Funds collected from medication copayments, other VA copayments, and health insurance reimbursements are returned to the local VA health care facility. These funds are used to provide additional health care services to veterans at that facility.

Who is required to make the medication copayment?

As the following checklist shows, medication copayments are only charged for medications received on an outpatient basis for nonservice-connected conditions or for service-connected veterans rated less than 50 percent.

Medication copayments are NOT charged for service-connected veterans rated 50 percent or greater, or for veterans whose income is lower than the VA pension level.

■ Nonservice-connected veterans	Copay is required*
■ Service-connected veterans rated less than 50 percent	Copay is required*
■ Service-connected veterans rated 50 percent or greater	No copayment
■ Veterans with income lower than the VA pension level	No copayment

**Certain veterans are eligible for a waiver from the medication copayment.*



For more information about the medication copayment, contact your local VA Revenue Coordinator, Health Benefits Advisor, or call 1-877-222-VETS.



What is the medication copayment?

The Department of Veterans Affairs (VA) charges a copayment for each 30-day or less supply of medication provided on an outpatient basis for the treatment of a nonservice-connected condition. For calendar year 2002, the copayment amount is \$7.

Why does VA require a medication copayment?

By law (PL 101-508 and PL 106-117), VA must charge veterans a copayment for their outpatient medications. The Veterans Millennium Health Care and Benefits Act (PL 106-117) authorized VA to increase the copayment amount and to establish an annual cap on the amount of medication copayments charged.

What is the annual cap on medication copayments?

For calendar year 2002, the cap is \$840. The annual cap was established to eliminate a financial hardship for veterans enrolled in certain priority groups (priority groups 2-6) who may require an unusually large amount of medications. An annual cap was not established for veterans enrolled in priority group 7. Veterans who exceed the annual cap will continue to receive medications without making further copayments.

Will the amount of the copayment and the annual cap ever change?

The amount of the medication copayment and the annual cap may be changed on an annual basis. For the specific current annual amounts, contact the VA Revenue Coordinator at the nearest VA health care facility.

Who decides if a medication is for treatment of a nonservice-connected condition?

A VA health care provider makes this determination. If the medication prescribed is for treatment of a service-connected condition, no copayment is required.

What is covered by the medication copayment?

The medication copayment applies to medications and over-the-counter medications (aspirin, cough syrup, vitamins, etc.) that are dispensed from a VA pharmacy. You are not charged a medication copayment for medical supplies (syringes, alcohol wipes, etc.).

Does the medication copayment apply to me?

The medication copayment applies to you if:

1. You are a nonservice-connected veteran receiving outpatient treatment, and your annual income exceeds the limit set by law. This limit changes on an annual basis. For the specific amount, contact the VA Revenue Coordinator at the nearest VA health care facility.
2. You are a service-connected veteran rated less than 50 percent and are receiving outpatient treatment for a nonservice-connected condition, and your annual income exceeds the limit set by law.



Can I get prescriptions obtained from my private health care provider filled at the VA pharmacy?

To qualify for pharmacy benefits, you must be enrolled in and receiving health care from the VA health care system. A VA health care provider will review any prescriptions from a private health care provider to determine if they can be rewritten by a VA health care provider and dispensed from a VA pharmacy.

Are there any exemptions from the medication copayment?

The following are exempted from the medication copayment:

1. Service-connected veterans rated greater than 50 percent;
2. Medications dispensed for service-connected conditions; and
3. Veterans with a low income (by law, a veteran whose annual income is determined to be lower than the VA pension level).

How do I apply for the low income exemption?

To be considered for the low income exemption, a veteran must agree to provide income information to VA. VA compares your income to the limit set by law every year. If your income level is below this limit, you are exempt from the medication copayment. If your income level is higher than this limit, you are not exempt.

In addition, certain veterans with short-term financial hardships may be eligible for a waiver of the copayment. To obtain additional information regarding a waiver, contact the Fiscal Officer or VA Revenue Coordinator at your VA health care facility.